



HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS
BUREAU OF ENVIRONMENTAL SERVICES
ALPHA RIDGE LANDFILL COMMERCIAL PERMIT REQUEST

A. Business Name _____

B. Federal I.D. No. _____ Type of Business _____

C. Business Address _____

D. Contact Name _____ Phone _____

E. Detailed description of type of waste to be disposed _____

F. Have you applied for a permit in the past? _____ Date _____

G. **PERMITTED VEHICLE INFORMATION:**

	MAKE	MODEL	YEAR	TAG NO.	VEHICLE IDENTIFICATION #	(For Office Use) PERMIT NO. ASSIGNED
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____

Mail completed form and fees to: Director of Finance, P. O. Box 2748, Ellicott City, MD 21041-2748, or take completed form and fees to Cashier's Office, 2nd Floor, Howard Building, 3430 Court House Drive, Ellicott City, MD 21043. **Annual registration fee:** \$30.00 per vehicle, payable at time of application. Make check payable to Director of Finance, Howard County. **Renewal date:** June 30 - **Landfill permits are not transferable. Permit sticker(s) will be available on your next trip to the Alpha Ridge Landfill** and will be applied by County personnel on the driver's side of the vehicle. **Report all missing, destroyed or stolen stickers** to the Bureau of Environmental Services at (410) 313-6444. **Returned check fee** of \$25 will be charged on all checks returned by the Bank. **Delinquent charge accounts will be assessed a penalty of \$5 or 2% of total bill (whatever is higher).**

I understand that this vehicle must be weighed in and out at the landfill scale house. The scale house attendant will direct the vehicle to the location where the waste is to be unloaded at the landfill. I, the undersigned, certify that I have read and fully comprehend this application in its entirety and that the information herein provided is true and complete to the best of my knowledge. I further agree to abide by the Landfill Regulations and I agree to pay all landfill charges in accordance with the current fee schedule. I understand that, should any statement I have made prove to be false, misleading or erroneous, it may result in my being banned from future use of the Alpha Ridge Landfill.

Date Authorized Signature Position With Firm

***** (for office use only) *****

APPROVED: _____ DATE: _____ CASH RECEIPT NO. _____
Authorized Signature

ACCOUNT NO. _____

FOR DEPOSIT IN DPW ACCOUNT #640-009-4504